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Clinical Image
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Emphysematous Cholecystitis

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Clinical Image

An 88-year-old-man with diabetes mellitus presented to the emergency department with a right hypochondriac pain at mid-night. His blood pressure was 160/100 mmHg, heart rates was 90/min, and temperature was 38°C. Laboratory studies revealed a white-cell count of 15,170 per cubic millimeter and a C-reactive protein level of 30.27 mg per deciliter. The total bilirubin levels; 1.5 mg per deciliter, aspartate transaminase; 86 unit per liter, alanine aminotransferase; 38 unit per liter, alkaline phosphatase levels; 352 unit per liter, gamma-glutamyltransferase; 151 unit per liter, creatine phosphokinase; 30 mg per deciliter and urinalysis results were within the normal range. In the early next morning, his blood pressure suddenly dropped down, resulting in pre-shock condition. Magnetic resonance image showed intramural gas with cobble stone appearance on the air-fluid level in the gallbladder (Image A and B). Computed tomography revealed an area of gas dissecting the gallbladder wall (Image C). These findings consistent with emphysematous cholecystitis. Finally, percutaneous trans-hepatic gallbladder drainage was successfully performed. Aspirated bile culture revealed that source of bacteria was *clostridium perfringens*. After that patient became afebrile, laparoscopic cholecystectomy was performed uneventfully and was doing well.

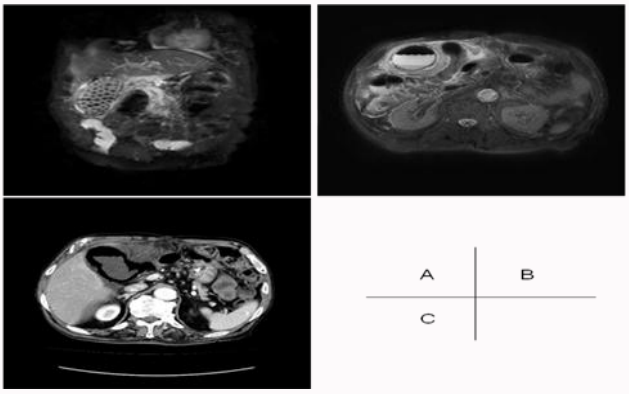

Image: Magnetic Resonance Image (MRI) and Computed Tomography (CT) of the gallbladder.

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